

Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- ☒ Show to whom and date delivered..... \$
 - ☐ Show to whom, date and address of delivery.... \$
 - ☐ **RESTRICTED DELIVERY**
Show to whom and date delivered..... \$
 - ☐ **RESTRICTED DELIVERY.**
Show to whom, date, and address of delivery. \$

(CONSULT POSTMASTER FOR FEES)

2. **ARTICLE ADDRESSED TO:** *Robert L. Dufford*
A.U. Associates
860 West Columbia Lane, #30
Provo, Utah 84601

3. **ARTICLE DESCRIPTION:**

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	0367527	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☒ Authorized agent

4. *Lamara Edge*
DATE OF DELIVERY
9/17/81

5. **ADDRESS** (Complete only if requested)



6. **UNABLE TO DELIVER BECAUSE:**

CLERK'S INITIALS

WJ

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**RETURN
TO**



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



State of Utah
Department of Natural Resources
Division of Oil, Gas, & Mining
1588 West North Temple
Salt Lake City, Utah 84116

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

P20 0367527

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO

STREET AND NO.

P.O., STATE AND ZIP CODE

POSTAGE

\$

CERTIFIED FEE

¢

SPECIAL DELIVERY

¢

RESTRICTED DELIVERY

¢

SHOW TO WHOM AND
DATE DELIVERED

¢

SHOW TO WHOM, DATE,
AND ADDRESS OF
DELIVERY

¢

SHOW TO WHOM AND DATE
DELIVERED WITH RESTRICTED
DELIVERY

¢

SHOW TO WHOM, DATE AND
ADDRESS OF DELIVERY WITH
RESTRICTED DELIVERY

¢

TOTAL POSTAGE AND FEES

\$

POSTMARK OR DATE

8/10/81

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

Follow-up Tentative App. - ACT/045/0

Robert L. Gifford - A.U.
860 W. Columbia Ln. #30
Provo, Utah 84601

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.